

FEE TRANSMITTAL for FY 2007

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 555

Complete if Known

Application Number	10/525,297
Filing Date	02/15/2005
First Named Inventor	James Im et al.
Examiner Name	Bac H. Au
Art Unit	2822
Attorney Docket No.	070050.2717

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None

☒ Deposit Account:

Deposit
Account
Number
Deposit
Account
Name

02-4377

Baker Botts L.L.P.

The Director is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments

☒ Charge any additional fee(s) or any underpayment of fee(s)

☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION (continued)

ADDITIONAL FEES

☐ Surcharge - late oath or filing fee

☐ Non-English Specification

☐ Extension for reply within first month

☐ Extension for reply within second month

☒ Extension for reply within third month

☐ Extension for reply within fourth month

☐ Extension for reply within fifth month

☐ Notice of Appeal

☐ Filing a brief in support of an appeal

☐ Petition to revive - unavoidable

☐ Petition to revive - unintentional

☐ Utility Issue Fee

☐ Design Issue Fee

☐ Publication Fee

☐ Petitions to the Commissioner

☐ Request for Continued Examination (RCE)

☐ Information Disclosure Statement (IDS)

Other fee -

\$555

SUBTOTAL (\$) 555

FEE CALCULATION

Extra Claim Fees

	Extra Claims	Fee	Fee Paid
Total Claims	<input type="text"/>	x 26 =	\$0

Independent Claims	<input type="text"/>	x 110 =	\$0
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Multiple Dependent	<input type="text"/>	=	\$0
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SUBTOTAL \$0

Fee Description	Large Entity	Small Entity
Claims in excess of 20	52	26
Independent claims in excess of 3	220	110
Multiple dependent claim, if not paid	390	195

SUBMITTED BY

Name (Print/Type)

Paul A. Ragusa

Registration No.
(Attorney/Agent)

38,587

(Complete if applicable)

Telephone

212-408-2500

Signature

Date

04/21/2009

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.